



# UKRAINE

# HIV REFORM IN ACTION

**QUARTERLY TECHNICAL PERFORMANCE REPORT: FISCAL YEAR 2014, QUARTER 3**

**April 1 – June 30, 2014**

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## Table of Contents

<b>Executive Summary.....</b>	<b>3</b>
<b>Progress Highlights by Objective.....</b>	<b>4</b>
1.1 Objective 1: Strengthen national leadership to promote gender-sensitive and evidence-based HIV/AIDS policymaking .....	4
1.2 Objective 2: Improve management of health sector financing for a sustained and integrated HIV/AIDS response at the oblast level .....	5
1.3 Objective 3: Strengthen human resources to provide sustainable, integrated, gender-sensitive and stigma-free HIV/AIDS services .....	6
1.4 Cross-cutting Activities.....	6
<b>2 Upcoming Activities .....</b>	<b>7</b>
<b>3 Challenges Encountered.....</b>	<b>8</b>

## Executive Summary

HIV Reform in Action (HSS-SHARe) is a five-year USAID project implemented by Deloitte Consulting LLP. The Project seeks to contribute to a sustainable, country-owned, integrated, gender sensitive and stigma-free HIV/AIDS response in Ukraine through prioritization and optimization of services, greater ownership in health financing and strengthening of the HIV workforce. This report covers the project's progress from April 1, 2014 to June 30, 2014. Major accomplishments during this quarter include:

- **Strengthened collaboration with the Ministry of Health (MoH) and State Service on Socially Dangerous Diseases.** Discussions have commenced on how the Project can best assist the MoH and the State Service on Socially Dangerous Diseases (hereafter referred to as "State Service") in scaling up HIV/AIDS services under a cost optimization framework. HSS-SHARe reviewed the MoH's draft Health Systems Reform Concept note and provided recommendations around an integrated healthcare model, a single purchaser approach to improve resource utilization and optimization across healthcare and task-shifting. The Project has also discussed and presented budgeting mechanisms including a risk-adjusted capitation framework.
- **Engagement with the Lviv, Mykolayiv and Kherson oblast authorities.** HSS-SHARe met with both oblast-and rayon-level authorities in Lviv, Mykolayiv and Kherson and visited a number of health care facilities to familiarize itself with the integrated health care models that are currently in place. Discussions with a broad range of stakeholders including local healthcare specialists have supported the development of an early pilot design concept for the integration of HIV/AIDS into primary health care.
- **Active participation in the Healthcare Reform Working Group.** HSS-SHARe has contributed to a number of working groups to discuss the practicalities around the implementation of reform. In addition, it has incorporated HIV/AIDS and TB into the reform discussion by presenting its integration concept framework in light of the Global Fund phase-out and requirements of the National Aids Program 2014-2018.
- **Support towards the development of an investment case for HIV/AIDS.** HSS-SHARe participated in a series of meetings with the World Bank and provided recommendations for the World Bank's allocative efficiency study and the investment case for HIV/AIDS. Specifically, HSS-SHARe has proposed several measures of return on investment using data that will be obtained through the Project's pilots. Meetings with the World Bank will continue in the coming quarter as we jointly finalize an approach for the investment case.
- **Contribution to the New Funding Model (NFM) HIV/TB application to the Global Fund.** HSS-SHARe worked with the State Service, UNAIDS and other partners to support the NFM HIV/TB Application to the Global Fund. The project has contributed to sections on the country context, discussions around the planning and alignment of HIV and TB strategies and recommended policies and interventions that will ensure sustainability of such services after the Global Fund phase-out.

## **Progress Highlights by Objective**

### **1.1 Objective 1: Strengthen national leadership to promote gender-sensitive and evidence-based HIV/AIDS policymaking**

**Sub-Objective 1: Ensure that national and regional leadership decisions on HIV-investments and integrated HIV/AIDS services in combination with social contracting are based on evidence and optimized delivery modalities.**

- At the specific request of the State Service, drafted several sections of the NFM HIV/TB application to the Global Fund.
- Investigated policy and legislative barriers in the provision of HIV counseling and testing (HCT), antiretroviral therapy (ART), medication-assisted treatment (MAT) and other medical and preventive services at the primary health care level. These are important considerations when developing modalities for piloting HIV services at the primary health care level.
- Contributed to the working group on MAT development and drug rehabilitation reform. Discussed amendments to policies regulating MAT, including those at the primary health care level.
- Studied models of HIV integration at the primary health care level, closely examining variations in outpatient settings.
- Provided input to the National HIV/AIDS Treatment Strategy for 2014-2018. Specifically, addressed variations in the cost of treatment through the number of schemes and simplification of HIV testing and counseling (HTC) procedures.
- Reviewed HIV reporting systems with particular attention to the involvement of family doctors in service delivery.

**Sub-Objective 2: Establish an enabling environment for integrating HIV/AIDS services into primary health with optimized delivery of prevention and services for MARPs in combination with social contracting and licensing**

- Prepared a framework for HIV integrated care which includes training needs and salary incentives for primary health care physicians. Identified differences in incentive mechanisms in pilot and non-pilot regions.
- Presented the concept for integrated care to the HSS-SHARe team. This paper will be finalized and presented to a group of industry experts. It includes proposed mechanisms to ensure that social workers and/or psychologists work with most-at-risk populations (MARPs) in tandem with NGO engagement with MARPs at the primary health care level.
- Coordinated with HealthRights International in Ukraine to discuss mechanisms to engage social workers.

**Sub-Objective 3: Ensure that integrated HIV-services are scaled up through policy dialogue, knowledge management and appropriate communication strategies**

- Initiated the development of a criteria for selecting “change agents.” Change agents will be representatives of project partners and various specialists in the areas of HIV, primary health care,

infectious diseases and so forth. They are expected to encourage data-driven decision making within the Government of Ukraine.

## **1.2 Objective 2: Improve management of health sector financing for a sustained and integrated HIV/AIDS response at the oblast level**

### **Sub-Objective 1: Define HIV financing goals in line with planned integration, restructuring and optimization/prioritization, broader health financing and primary healthcare reform**

- Led working groups at the MoH, World Bank and with civil society groups to help define health financing goals. Primary contributions included commenting on the overall concept around health reform, discussing the practicalities and implementation of reform and encouraging stakeholder analyses (to understand needs and limitations).
- Prepared a series of presentations on financing mechanisms for HIV and TB services for a working group which included participants from the State Service, Ukrainian Center for Disease Control (UCDC), and the World Health Organization (WHO).

### **Sub-Objective 2: Develop a new budgeting mechanism, based on necessary costing studies of priority services, to enable the delivery of integrated HIV/AIDS services**

- Presented a risk-adjusted capitation framework for financing HIV services at the primary healthcare level. This framework was shared at number of forums. Participants included the Health Reform team of the MoH, the Head, Deputy and TB department of the State Service, the TB sector of UCDC, the WHO and World Bank. The framework was also presented at the Summer School for Health Care Managers (attended by approximately 30 health care managers from hospitals and health administrations).
- Designed proposals for cost-accounting (costing) on key HIV/AIDS services selected for primary health care integration, adapted to case-load intensity and reflecting low, medium and high incidence/prevalence settings. Going forward, these proposals will be refined by the project's integration concept framework.

### **Sub-Objective 4: Create an evidence pool to support funding decisions in the HIV response at the national and sub-national level**

- Coordinated national and oblast efforts in HIV-related resource tracking to generate data and evidence through the National AIDS Spending Assessment (NASA). Preliminary results have been produced and shared with key partners including the State Service, UCDC, UNAIDS and USAID. This data was also used for the development of the HIV financial gap analysis as a part of the NFM application to the Global Fund. In addition to service and programmatic priorities, producing the gap analysis required an in-depth understanding of the funding landscape and the availability of internal and external resources for the years ahead. The application has also motivated discussion on the current state of health care reform and the related risks/opportunities for HIV/TB service organizations.

- Supported the World Bank in defining measurement metrics and parameters for analysis for the upcoming investment case for HIV/AIDS.

### **1.3 Objective 3: Strengthen human resources to provide sustainable, integrated, gender-sensitive and stigma-free HIV/AIDS services**

#### **Sub-Objective 1: Address human resource needs and gaps for integrated HIV/AIDS–services in the context of priority services**

- A presentation on modern approaches for the development of a Human Resource for Health (HRH) Strategy for the HIV response in Ukraine was shared with the key partners including UCDC, the WHO and World Bank in early June 2014. This has subsequently led to the establishment of a task-force for the development of an HRH strategy. In addition, a study design to address HRH needs was drafted for discussion at the next task-force meeting in late July/early August 2014.
- Consultations were held with a number of partners (including the MoH, State Service, UCDC, Project RESPOND, Project RESPECT, International HIV/AIDS Alliance, Network of People Living with HIV/AIDS, the WHO and World Bank) to map HRH needs to specific areas of HIV response.

#### **Sub-Objective 2: Introduce systemic and operational changes in HRH for the provision of sustainable, integrated, gender-sensitive and stigma-free HIV/AIDS services**

- Managed consultations with UCDC, the State Service, Network of People Living with HIV/AIDS and International HIV/AIDS Alliance to understand their vision on necessary data/components of an HIV information system (with a focus on HRH).
- Participated in the State Service’s IT System Development working group. Provided the working group with a draft of the Technical Specification for HIV Information Systems (with a focus on HRH).
- Analyzed the Human Resource Information Systems (HRIS) existing in Ukraine and general HRIS in health care under the Department of Medical Cadres of Ukraine. Recommendations to UCDC include eliminating duplications and adding missing components to the HR component of HIV Information Systems.

#### **Sub-Objective 3: Strengthen the capacity of Ukrainian institutions to generate support and implement HRH changes and ensure that counterparts and decision makers are empowered**

- As part of introducing HIV and harm reduction issues into pre- and in-service education systems for HRH, the HSS-SHARE Team led a series of meetings on Continuous Medical Education/Continuing Professional Development. Participants included the Network of People Living with HIV/AIDS, RESPECT Project, RESPOND Project, International HIV/AIDS Alliance and the Clinton Foundation.

### **1.4 Cross-cutting Activities**

#### **Support to Project RESPOND**

- Designed a study protocol to measure the cost-effectiveness of selected prevention interventions. This includes the introduction of medication-assisted treatment in primary health care settings.

### Grants program

- The HSS-SHARe grants program launched with a request for concept papers related to health financing for HIV/AIDS. An award is expected to be announced in the next quarter.

### Capacity building activities

- The HSS-SHARe approach to capacity building has been formulated with specific goals, expected results and possible activities for each of three project objectives.
- An analysis/mapping of prospective partner organizations, recipients of capacity building interventions and priorities for each of three project objectives at the national and regional levels have been defined.
- The Maturity Model Benchmarking Tool (MMBT) used for organizational assessment and performance benchmarking has been translated into Ukrainian and tailored to the profiles of project counterparts.

### Oblast activities

- Drafted agenda for the first Speaker Series aimed at delivering core principles for the HIV response.
- Selected the pilot regions for the project including Dnipropetrovsk, Kherson, Lviv, Mykolayiv and Poltava oblasts. Inception visits were conducted in the three regions to ensure openness for collaboration and feasibility of planned activities.
- The preliminary agreement of collaboration with Kherson, Lviv and Mykolayiv oblasts was secured during meetings with the local governors and key oblast health authorities. This will be formalized after signing memorandums of understanding (or equivalent). Inception missions to Dnipropetrovsk and Poltava oblasts are planned for the next quarter.

## 2 Upcoming Activities

- **Series of health financing workshops to promote advocacy and education.** Targeted stakeholders include the State Service, UCDC, MoH and the Ministry of Finance.
- **Broader discussions around HIV financing to be incorporated into larger health sector reform framework.** These meetings will be leveraged to discuss data needs, for example to understand the population risk profile (this applies both to HIV and other disease areas). Greater collaboration with the World Bank on its pilots will be important (Mykolayiv, Dnepropetrovsk, Lviv).
- **Meeting with UCDC's National M&E working group for more in-depth discussion on NASA results and its implications.**
- **Completion of the study on HRH needs and HIV service provision.** Meetings will be conducted with key partners and stakeholders including the State Service, Department for Medical Service Standardization of the MoH, UCDC, National HIV Training Center, Kyiv post-graduate medical Academy, International HIV/AIDS Alliance, the WHO and World Bank.
- **Presentation of the draft HRH strategy.** Strategy will be presented at the task-force meeting planned for late July/early August 2014.
- **Tools for the study of HIV service delivery implications.** Tool will be finalized and terms of reference developed.

- **Recommendations on strategies aimed at the sustainability of HIV services.** Recommendations will be presented at the Strategy for HIV Prevention Services Sustainability Working group under the State Service in late August 2014.
- **Capacity Building Presentation Materials Developed.** Presentation materials on capacity building, CYPRESS tool and MMBT will be developed with project counterparts.

### 3 Challenges Encountered

- Management transitions within the MoH and the State Service have prolonged finalization of the Project's integration concept framework. At this time, the State Service is currently re-evaluating its own development strategy. Therefore, the integration concept framework may need to be refined to complement this strategy.
- Ongoing events in Odessa and the escalation of conflicts in Eastern Ukraine have delayed the roll-out of project activities in target regions.



